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UNCLAS SECTION 01 OF 02 HONG KONG 001985

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STATE FOR EAP/CM, OES/IHA, MED, CA/OCS/ACS/EAP  
STATE PASS TO ENVIRONMENTAL SCIENCE & TECHNOLOGY COLLECTIVE  
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CDC ATLANTA PASS TO BLOUT, KELLY, COX  
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TAGS: [AMED](#) [CASC](#) [CH](#) [HK](#) [KFLU](#) [PREL](#) [SOCI](#) [TBIO](#)  
SUBJECT: CDC FINDS HONG KONG'S INFLUENZA PREPAREDNESS  
SECOND TO NONE

REF: HONG KONG 1109

1.(SBU) SUMMARY: In meetings in Hong Kong, USCDC and Embassy Beijing Regional Medical officers found Hong Kong,s influenza surveillance and monitoring system &second to none8. Hong Kong,s tragic experience during the SARS crisis in 2003 shaped its current robust influenza preparedness and response regime. The Government,s political will, active development of technical expertise, and devoted resources have created the infrastructure that makes Hong Kong a model for pandemic preparedness. While Hong Kong,s initial reaction to H1N1 may have been overly aggressive, local officials and experts credit the measures with delaying community transmission of the virus. Hong Kong researchers and health officials regularly exchange infection surveillance data with their Mainland counterparts, but official-level coordination is still limited. The lack of an effective pandemic monitoring system in China also limits the exchange of reliable surveillance data. END SUMMARY

2.(U) Dr. Jeffrey McFarland, Country Director for the Centers for Disease Control and Prevention (USCDC) in Beijing and Dr. Wayne Quillin, Regional Medical Officer at U.S. Embassy Beijing, visited ConGen Hong Kong on October 19 as part of regional briefings to mainland China posts and Hong Kong on H1N1. They held outside meetings with Dr. Malik Peiris, a prominent HK University influenza scientist, and health officials from the Center for Health Protection (CHP)and the Hospital Authority(HA).

Hong Kong,s Initial H1N1 Response was Aggressive but Effective  
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3.(SBU) Dr. Malik Peiris, Scientific Director of the HKU-Pasteur Research Center at the University of Hong Kong and prominent influenza expert famous for isolating the causal agent for the SARS virus, told McFarland and Quillin that the H1N1 influenza pandemic came as a surprise to the scientific community. He commented that, in hindsight, Hong Kong,s initial response to H1N1 containment may have been &too much8, but that those measures did in the end delay local transmission until June (reftel). With its pandemic plan based on expectations of a more virulent form of avian influenza, Hong Kong initially had a difficult time scaling back response measures after H1N1 turned out to be a milder virus, Dr Peiris said. CHP officials agreed that initial containment measures were aggressive but were effective in delaying more local H1N1 outbreaks.

## Infrastructure in Place but Concerns about Capacity

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4.(SBU) CHP officials noted that Hong Kong,s H1N1 cases peaked during the last week of September but anticipated a second wave of infections to coincide with the regular winter flu cycle. They expressed concern that a mild but more widespread outbreak would put severe strains on the frontlines of Hong Kong,s healthcare system. CHP officials also worried that if Hong Kong,s next flu wave was more severe, Hong Kong,s treatment capacity would be stretched to the breaking point. Hong Kong hospitals have 1,400 isolation beds available in the event of a massive pandemic. Currently two-thirds of all ICU beds are allocated to H1N1 critical cases. In order to mitigate the impact of mild H1N1 cases on hospitals, CHP set aside eight designated flu clinics to treat less serious cases. HA officials identified their biggest challenge as ensuring that health professionals were sufficiently cross-trained to allow easier reallocation in the event of a surge in flu cases.

## No Scientific Exchanges, but Official Health Exchanges with Mainland China

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5.(SBU) When asked about official interaction with mainland Chinese counterparts, Professor Peiris acknowledged there were no formal scientific exchanges and only minimal cross-border influenza research cooperation. However, informal professional exchanges do occur after studies are completed. Dr. Peiris noted one on-going study to

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investigate the seasonality of the flu in four cities: Singapore, Hong Kong, Guangzhou and Shanghai. One interesting result thus far was that flu seasonality in Guangdong and Hong Kong appeared to be quite different. Dr. Peiris speculated that the differences may be a result of Hong Kong,s high usage of indoor air conditioning.

6.(U) CHP officials noted that although China,s Ministry of Health had no liaison official in Hong Kong, formal monthly data exchanges were held with counterparts in Beijing, as well as annual meetings where data was exchanged. In addition, CHP held monthly tripartite meetings with Guangdong and Macau counterparts. CHP also participated in monthly video-conferences with Macau health officials and has provided testing assistance when requested. In the event of an outbreak related to Guangdong, both sides would exchange information and cooperate in the investigation, claimed CHP officials.

## Accuracy of Mainland Influenza Data Questionable

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7.(U) In densely populated cities such as Hong Kong, aggressive surveillance is a central part of any health strategy. Hong Kong,s high capacity to collect and report real-time influenza surveillance data draws on the city,s eight designated flu clinics that serve as providers of real-time data. In addition, together with CHP, HA publishes weekly influenza surveillance and monitoring reports that are widely circulated for maximum transparency and inter-governmental communication.

8.(SBU) In contrast, mainland China,s influenza data appeared to be less reliable. Some of our interlocutors assessed that the existing health infrastructure on the Mainland was not robust enough to effectively monitor pandemics. The lack of focus on influenza surveillance in Mainland hospitals contributed to shortcomings in influenza surveillance data. One noted previous disagreements between the PRC government and the Hong Kong research community related to Avian Influenza research deemed threatening to the mainland agricultural sector. CHP officials commented that

the Hong Kong media had picked up on the vastly different H1N1 data coming out of Guangdong.

#### SARS Laid the Groundwork for H1N1 Preparedness

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9.(U) All of our Hong Kong interlocutors agreed that the lessons of the SARS crisis shaped Hong Kong's influenza preparedness. The devastating negative economic and social impacts of SARS in 2003-2004 forced Hong Kong to better prepare for infectious disease pandemics. The HKSARG invested heavily in healthcare infrastructure, focusing on laboratory testing facilities, designated flu clinics, rapid influenza tests, infectious disease networks, and designated infectious disease wards. As a result, Hong Kong has become a center of scientific and technical expertise in the field of influenza research. Through greater political awareness and a ready infrastructure, Hong Kong was able to respond to the initial H1N1 outbreak quickly. As a result of SARS, the Hong Kong public also became more aware of social distancing and personal hygiene practices, perhaps helping to slow the spread of infection in this city of 7 million people.

10.(U) This cable was cleared by Dr. McFarland and Dr. Quillin.

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